



Case report

Delayed diagnosis of self-inflicted cuts – A case report



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ABSTRACT

Assessment of individuals with injuries that may have been caused by intentional self-harm is part of routine work of forensic physicians.

We present a case of deliberate self-harm of a 19 years old woman who claimed she had been cut by her partner during a quarrel while her partner claimed that she had injured herself. No forensic examination was performed. The case was first reviewed several months after the incident by experts giving consultations for the defense (the authors) by that time the only documentation of injury available were scant medical records and photos of very low quality.

This case shows the importance of recognizing self-inflicted injuries even when only scant documentation is available, by comparing the injuries described to the different accounts of the incident as described by the complainant and defendant.

Also the importance of availability of access of defense lawyers to forensic medical consultations is stressed.

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1. Introduction

Assessment of individuals with injuries that may have been caused by intentional self-harm is part of routine work of forensic physicians.

In general, injuries cause by self harm can be divided into several categories such as:

Simulation of criminal offence, injuries caused for the purpose of insurance fraud and malingering, self-damage in patients with personality disorders, suicidal gestures and suicide attempts.¹

We present a case of deliberate self harm of a woman who claimed she had been cut by her partner.

The diagnosis of self inflicted injuries was made several months later, when only scant documentation was available, by assessing the injuries in view of the different accounts of the incident as described by the complainant and defendant.

2. Case report

The complainant was 19 years old with a history of panic disorder and conversion disorder. At the time of the incident she was 20 weeks pregnant.

She was admitted the hospital due to a complaint that she had been attacked by her partner with scissors.

On examination two superficial cuts were found on the volar aspect of her left forearm. Treatment in the ER included disinfection, adhesion of the wounds and anti tetanus toxoid vaccination. No forensic medical examination was performed.

When interrogated by the police her partner – the suspect, claimed that the complainant had cut herself with scissors. He had tried to take the scissors from her hands, unsuccessfully and then left the flat. He had even requested during police interrogation that the complainant be examined by a physician so that the cuts would be proven to be self-inflicted but his request was not fulfilled.

The complainant told the police that she and the defendant had a violent struggle during which she was cut somehow.

An indictment was issued against the complainant's partner within days of the incident and he was arrested for the remainder of the proceedings.

Several months after the indictment was issued, the case was brought to the authors by the defendant's lawyer appointed by the public defense. Photos of the complainant which were taken by the police in the hospital were the only photo-documentation of the injuries. The photos had no scale, were in black and white printed on regular paper. The photos were very grainy, obviously had been previously photo-copied or faxed. Despite requests by the defense, no photos of good quality were brought forth and the originals could not be retrieved.

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Despite the low quality of the photos it could be discerned that all in all there were three linear parallel findings on the forearm (Fig. 1) – two of which were described in the medical records as superficial cuts which needed only adhesion without suturing.

The most proximal finding near the elbow that was noted in the photos appeared to be of a similar shade and shape to the other cuts. It was not described in the medical records. The complainant, when questioned in court explained that this finding was the result of a different incident and has nothing to do with the current incident.

Because there was no description of this finding in the medical records and due to the low quality of the photos, it was impossible to describe this linear finding in a definite manner.

On the back of the second right hand finger in the proximal joint was an elliptic dark finding that could be a bruise but due to the low quality photos it could not be assessed, as to its time of injury nor its mechanism.

Another finding described recorded by the police during her questioning was a “red mark like a bruise in the forearm” but there was no mention of it in the medical records nor could it be seen in the photos.

The authors, at the time both belonging to an independent establishment, wrote an expert opinion stating that the findings were more consistent with the defendant's claim of self inflicted injury. The defense presented the opinion to the court and in view of this the judge ordered for the defendant to be released to house arrest and requested the prosecution to bring an opinion from the National Center of Forensic Medicine.

An opinion written by a state expert agreed that the injuries were probably due to self harm. The defendant was released and all charges against him were dropped. He had been detained for seven months.

3. Discussion

Self-inflicted injuries are relatively common findings in psychiatric and forensic practice and have been defined as deliberate harm to the body without intending suicide. It includes a variety of different acts, such as burning and cutting.²

The reasons for self injuries are varied. These include psychiatric illness and other reasons such as attempting to imply that events took place that did not, or for motives of gain.³

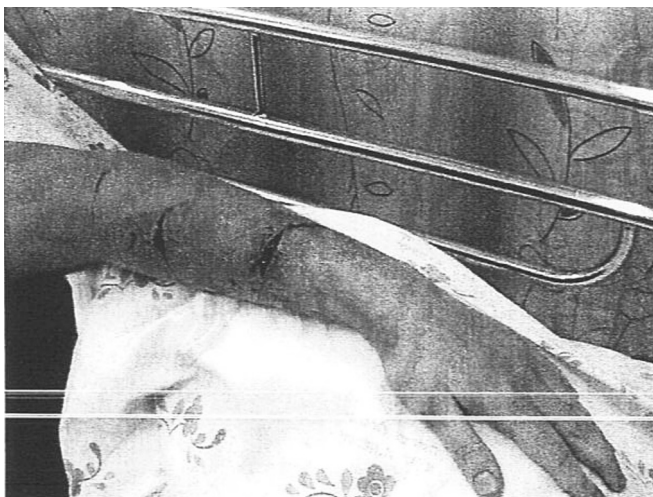


Fig. 1. One of the photographs of the complainant's forearm with the injuries. All of the photos were of the same very low quality and in black and white. The originals or any good quality copies could not be retrieved by the prosecution.

In some cases the “victim” may claim that a specific person assaulted them, from motive of hate or spite. In some cases the motive may be impossible to discover.⁴ Less often politically motivated attacks are feigned.¹

Several textbooks and articles summarize the characteristics of injuries that may be indicative of self harm among the characteristics mentioned are:

Injuries are similar in style or shape and sort, they are regular with an equal depth at the beginning and end (for cuts), they may be linear or slightly curved, often grouped and/or with a parallel and/or crisscross arrangement. They follow the body surface also where it is curved. The injuries are either distributed symmetrically or are preferably (but not exclusively) localized on the non dominant side of the body. They are obviously in reachable body regions. Sensitive parts of the body such as the lips, eyes and nipples are left uninjured. Also, damage to the clothes is absent or inconsistent with the distribution of the injuries. There may be lesser injuries where initial attempts at self-harm are made and sometimes scars from previous self-injurious behavior are present.^{3–7}

In addition to the injuries, there may be a psychiatric history or a personality problem.³

All of these are not characteristic of injuries caused by another person as during an attack by another it is less likely that injuries are should be organized and of similar depth in each area.

It should be stressed that the presence of some of the different characteristics does not prove self-infliction nor presence of only few of them preclude it.

The case presented here is a classic situation in which the forensic physician is asked formulate an opinion deciding between two versions of a violent incident based on physical findings of the complainant.

Though few, the injuries in the complainant's forearm fitted well with the characteristics of self harm mentioned earlier: the injuries were on the forearm, in an accessible area to the dominant hand of the complainant (during court testimony she said she was right handed), they were superficial, similar, parallel cuts.

Of course in view of the low quality documentation of physical findings a diagnosis of self-harm could not be reached solely on this documentation. It was also important to review the different allegations of the incident by both parties. While the defendant claimed the complainant had cut herself using scissors the complainant claimed she was injured by the defendant. In her court statement she elaborated that the defendant did not attack but that the cuts had been made in the midst of a quarrel. “We began to fight the cuts were made during the fight. The fight itself...”

Faced with these two versions of the incident the authors found the defendant's statement more reasonable, and less likely that two parallel, superficial cuts on the volar aspect of the forearm had occurred during a dynamic situation as described by the complainant.

3.1. Lack of timely examination with inappropriate photo documentation

A difficulty presenting itself in this case is lack of an examination by a forensic physician soon after the injuries were caused, so there was no detailed description of the injuries. Injuries of small dimensions such as hesitation marks or scars may be disregarded by hospital staff but may have paramount forensic meaning, as they may indicate self-inflicted injuries.

Lack of forensic examination led not only to loss of evidence but also to damage to defendant rights. It is fairly possible that had an examination been conducted on time, the defendant had been released and no charges pressed.

This case demonstrates that in certain occasions it may be possible to reach a conclusion based on the less than ideal

documentation. Obviously, forensic experts cannot always work in an ideal setting where perfect documentation is available. When all efforts to retain best documentation are exhausted one may try to work with whatever is available to reach a learned conclusion, while taking into account the different allegations of both parties.

3.2. Defense accessibility to experts in forensic medicine

Another lesson to be learned from this case is the importance of accessibility of defense lawyers to forensic physicians. Unlike in the past, the public defense in Israel, in the last few years is receiving forensic medical consultation on a regular basis. Had the defense in this case not had access to forensic experts, the possibility of self harm may not have been brought forth to the court.

In a society where violence against women is a common occurrence it is not surprising that the police and prosecution did not at all doubt the complainant's allegations that she was cut by her partner, and did not bother to obtain a forensic expert opinion. At the same time it is very disturbing that a suspect's version of a case is not properly examined by the police and prosecution before an indictment is presented.

4. Conclusion

It is of major importance to recognize injuries caused by self harm. A timely examination of injuries as well as proper documentation, with a conclusion regarding the manner of injury, at an early time in the investigation is best practice for all parties involved. It is important not only for the collection and preservation of evidence and documentation of injuries but also for the preservation of defendant rights.

This case also demonstrates that in that in certain occasions it may be possible to reach a conclusion based on the less than ideal documentation, if taking into account the different allegations of the incident.

Finally it is recognized that regular access to forensic medical consultation is crucial not only for the prosecution but also for the defense.

Ethical approval

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Conflict of interest

None.

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